California Resident Income Tax Return 2005

540 C1 Side 1

Fiscal year file	rs onl	y: Enter month of year	ena: month	year	2006.						
	Your f	irst name	Initial	Last na	me				PBA Cod	le	Р
Place /	JOE If joint return, spouse's first name Initial				TAXPAYER Last name						AC
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141110		nt home address — numb	per and street, I	PO Box, or rural	route		Apt. no.		PMB no.		A
and Address	123 MAIN STREET				Obsta					R	
	City, town, or post office (If you have a foreign addres ANYTOWN			address, see ins	State CA			ZIP Code 90000-0000			RP
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Your name: JOE	TAXPAYER Your SSN or ITIN:							
Special	25 Amount from Side 1, line 24	955						
Credits	28 Enter credit namecode noand amount 28							
and Non-	29 Enter credit namecode noand amount ▶ 29							
refundable	30 To claim more than two credits, see instructions, page 19 ● 30							
Renter's	31 Nonrefundable renter's credit. See instructions, page 20 • 31	1						
Credit	32 Add line 28 through line 31. These are your total credits							
	33 Subtract line 32 from line 25. If less than zero, enter -0	955						
Other Taxes	34 Alternative minimum tax. Attach Schedule P (540)							
	35 Mental Health Services Tax. See instructions, page 20							
	36 Other taxes and credit recapture. See instructions, page 20							
	37 Add line 33 through line 36. This is your total tax	955						
Payments	38 California income tax withheld. See instructions, page 20							
	39 2005 CA estimated tax and other payments. See instructions, page 20 ■ 39							
To view your 2005 estimated	40 Real estate withholding. (Form(s) 592-B, 593-B, and 594) See instructions, page 21 . ■ 40							
payments, go to	41 Excess SDI. To see if you qualify, see instructions, page 21 ■ 41							
www.ftb.ca.gov	Child and Dependent Care Expenses Credit. See instructions, page 21; attach form FTB 3506.							
	• 43							
•	■ 44 ■ 45	1,170						
	46 Add line 38, line 39, line 40, line 41, and line 45. See instructions page 21							
Overpaid Tax/	47 Overpaid tax. If line 46 is more than line 37, subtract line 37 from line 46							
Tax Due	48 Amount of line 47 you want applied to your 2006 estimated tax							
HT								
Use Tax	51 Use Tax. This is not a total line. See instructions, page 22 ● 51 00							
Contributions	00 - 5 - 1 0 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ig 00						
	iors Special Fund. See instructions, page 28 • 52 00 Emergency Food Assistance Program Fund • 5	,,,						
CA Fund	d for Senior Citizens	00						
	d Endangered Species Preservation Program ● 5500 CA Prostate Cancer Research Fund ● 6 veterans' Quality of Life Fund ● 6							
	hildren's Trust Fund for the Veterans' Quality of Life Fund	,,,						
CA Brea	ast Cancer Research Fund • 5700 CA Colorectal Cancer Prevention Fund • 6							
CA Firef	fighters' Memorial Fund							
	68 Add line 52 through line 67. These are your total contributions							
Refund or Amount	69 REFUND OR NO AMOUNT DUE. See instructions, page 22. Mail to:	245						
You Owe	FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-1234 ■ 69	215						
	70 AMOUNT YOU OWE. See instructions, page 22. Mail to:							
	FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-1234 ■ 70							
Interest and								
Penalties	72 Underpayment of estimated tax. Fill in circle: ○ FTB 5805 attached ○ FTB 5805F attached ■ 72							
	73 Total amount due. See instructions, page 23. Enclose, but do not staple, any payment							
	74 If you do not need California income tax forms mailed to you next year, fill in the circle							
Direct Deposit	Do not attach a voided check or a deposit slip. See instructions, page 24							
(Refund Only)	Fill in the boxes to have your refund directly deposited. Routing number							
	Account Type: Account							
	Checking ● Savings ● number							
	IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal return. Under penalties of perjury, I declare that I have	e examined						
Cian	this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.	3						
Sign	Your signature Spouse's signature (if filing jointly, both must sign) Daytime phone number (optional	1)						
Here	()							
It is unlawful to	X Date	_						
forge a spouse's	Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) Paid preparer's SSN/PTI	N						
signature.	•							
Joint return? See instructions,								
	Firm's name (or yours if self-employed) Firm's address FEIN							
page 24.	Firm's name (or yours if self-employed) Firm's address FEIN							